RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS - EHR End User Training & Go Live

Agenda

October 1st-3rd, 2013

Office of Information Technology (OIT)
Albuquerque, New Mexico
&
Lac Vieux Desert
Watersmeet, MI

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1.0 General Information

1.1 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

As part of the ARRA initiative, Tanana Chiefs Conference was awarded $1.3 million in matching funds to expand the use of Health Information Technology throughout the interior of Alaska. The project includes three sub-regional Section 330 grantees: Tanana Chiefs Conference, Council of Athabascan Tribal Government, and the Edgar Nollner Health Clinic. In addition to the sub-regional clinics, 25 additional village clinics are included in the initiative to improve communication flow, increase access to a higher level of health care, improve the safety of health care, and reduce health care costs by implementing the EHR and integrating the health records of the region.

1.2 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than $19 billion towards healthcare IT related initiatives. The $19 billion dedicated to HITECH is divided into two portions: (a) $17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) $2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

1.3 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between $2 million to $8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a "meaningful EHR user." The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

1.4 Meaningful Use

"Meaningful use" is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP's specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. Reporting of clinical quality measures in 2011 will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

2.0 Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients
- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.
- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.

- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.
- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

3.0 Instructors and Facilitators

3.1 Indian Health Service Office of Information Technology (OIT)

- Deborah Burkybile, MSN, RN, CPC,OIT EHR Deployment/Training Specialist

3.2 Bemidji Area:

- Teresa Chasteen, RHIT, Clinical Application Coordinator, Bemidji Area Office

3.3 United South and Eastern Tribes (USET) REC:

- Kelly Samuelson, CAC Mentor, USET Contractor

4.0 Detailed Agenda

4.1 Day 1

Tuesday		
8:30	**All** Welcome & Introductions	
9:00	**Virtual Workflow Walk Through**	

	EHR End User Training (Nursing Assistant, CHR, Provider, CAC, Dental)
	Patient Registration & Check In
	Documentation of Chief Complaint
	Intake
	• Chief complaint
	• Vital Signs
	• Health Factors
	  ○ Tobacco
	  ○ Alcohol
	• Exams
	  ○ Intimate Partner Violence (Domestic Violence)
	  ○ Depression Screening
	• Reproductive Factors
	• Adverse Reactions
	• Immunization Record Forecast	

12:00	**Lunch**	

1:00	**EHR End User Training**
	• Problem List & POV
	• E&M and CPT Coding
	• Patient Education
	• Orders
	  ○ Medications
	  ▪ Review of Medication Menus (Quick Orders)
	  ▪ Medication Reconciliation
	  ▪ Outside Medications
	  ▪ Auto Finish
	  ○ Nursing
	  ▪ Review Nursing Menu
	  ○ Labs
	  ▪ POC
	  ▪ Review of Lab Menu
	  • Outside Labs
	  ○ Consults
	  ▪ Review Consult Menu	

	• Notes ○ History & Physical	
4:30	**Adjournment**	

4.2 Day 2

Wednesday		
8:30	**Review of previous day**	
	EHR End User Training Continued	
12:00	**Lunch**	
1:00	**EHR Go-Live See Patients** **EHR Support** **EHR Coding Queue & HIM Reports**	
4:30	**Adjournment**	

4.3 Day 3

Thursday		
8:30	**Review of previous day**	
	EHR Go-Live See Patients **EHR Support**	
10:00	**Break**	
12:00	**Lunch**	
1:00	**EHR Go-Live See Patients** **EHR Support** **EHR Coding Queue & HIM Reports** **EHR Go Live Review** **EHR Configurations** **Template Modifications** **Picklists**	
4:30	**Adjournment**	

5.0 Biographical Sketches

Teresa Chasteen, RHIT
Bemidji Area Clinical Applications Coordinator
Teresa is the Bemidji Area Clinical Applications Coordinator. Her previous position at the Cass Lake Indian Health Service was the Director of Health Information, where she was the Project Lead for EHR Implementation. She served as one of the Bemidji Area Health Information Management Consultants. She started her Health Information Management career in 1984 and has been in the health care field since 1980. Teresa has worked in Indian Health Service since 1996. She obtained the Registered Health Information Technician (RHIT) in 1992 from the College of Saint Catherine Saint Mary's campus.

Kelly Samuelson
Clinical Applications Coordinator Mentor
Kelly Samuelson is currently a Clinical Applications Coordinator Mentor with United South Eastern Tribes (USET) Regional Extension Center (REC). Kelly has over nine years of experience in working with Alaska Tribal Health programs and Community Health Centers. During her time with Alaska Tribal Health programs she was tasked with implementing a number RPMS packages as well as the Electronic Health Record in remote clinics. Kelly has participated in the IHS initiative Improving Patient Care (IPC) collaborative I & II. She has experience with improving both clinical and business processes and the collection of data for outcome reporting. She was tasked many roles such as: Clinical Information Manager, Site Manager, IT technician, Business Office Consultant, and Clinical Applications Coordinator/Quality Assurance during her time with Tribal Health Organizations. She is also working on completing her Bachelor's Degree in Health Services Administration.

CAPT Deborah Burkybile, RN, MSN, CPC
Office of Information Technology (OIT) EHR Deployment/Training Specialist
Deborah has been a Registered Nurse for 33 years. During this time her nursing practice led her to work in a variety of private sector hospitals, clinics, tribal facilities, and for the last 24 years in Indian Health Service. CAPT Burkybile has been on assignment to OIT since 2005 as the National EHR Training/Deployment Specialist and has worked diligently to train and deploy the IHS RPMS EHR across the nation in federal, tribal, and urban health facilities. Deborah is a citizen of the Cherokee Nation of Oklahoma. She received her Commission in the U.S. Public Health Service in 1988 and presently works from Nashville, TN. Deborah has functioned in a number of nursing practice roles including Community Health Nursing in which she has Advanced Practice Master's preparation, Addictions, Ambulatory Care, Pediatrics, Injury Prevention, and Managed Care. She is also a Certified Professional Coder. Deborah is strongly committed to improved patient care through the use of the IHS EHR and has found her assignment to OIT to be one of the most satisfying nursing experiences to date.